

U.S. Department of Transportation Federal Aviation Administration

THE AIR TRAFFIC ORGANIZATION (ATO)

APPLICATION for VOLUNTARY EARLY RETIREMENT ("EARLY OUT") NON-BARGAINING UNIT ONLY

| A. Applicant I | nformation: P | lease print clea | arly in | blocks 1 t | hrou | igh 13 and sign i | n block | c 14. | |
|---|---------------------------|------------------------|---------|---|--------|-------------------------|---------------------|--------------|---------------|
| 1. Name (Last) | | (First) | | (M | .l.) | 2. Date of Birth | Social Security No. | | |
| Į. | | | | | | | | | ĺ |
| Employing Office Symbol | 5. Work Phone FAX no.: | | 6. Job | Title | | 7. Pay plan FV FG FW | 8. Job | Series | 9. Grade |
| 10. TYPE OF APPLICA | | 11. EFFECTIVE | DATE | 12. Name | of v | our immediate | 113 | 3. Superv | visor's |
| | | | | | rvisor | | | Phone number | |
| VOULUNTARY EARLY | | than | | | | | 1 | | |
| RETIREMENT | | November 13 | , 2004 | | | | | | |
| | | 11.A (month, day, y | ear) | | | | | | |
| EFFECTIVE D | ATE | (,),) | | | | | _ | | |
| I hereby apply for a Early Out and give notice of my intent to retire from the FAA with the effective date shown in block | | | | | | | | | |
| A-11, above. My decision to retire is entirely voluntary and has not been coerced. I agree that if my application for Early | | | | | | | | | |
| Out is accepted, this letter serves as my commitment to retire on the date shown in block A-11. I understand that if my | | | | | | | | | |
| application for Early Out is not accepted, I will be notified and will not be bound by my election to retire. | | | | | | | | | |
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| Data Olassada | | | | | | | | | |
| 14. Signature: (sign in ink) Date Signed: | | | | | | | | | |
| B. Human Resource Management Office Clearances | | | | | | | | | |
| 1. Date received | <i>r</i> : | | | 6. Supervisor contact date (and name if not the | | | | | |
| | 1 | | | | | Same as A-12) | | | |
| 4. Confirmed employee in covered position YES NO | | | | | | | | | |
| 5. Agreed to effective | | | NO | 1_ | | | | | |
| | | | | | | | | | |
| C. Action: Notification to Employee Your request for Early Out has been acted on as indicated in the box marked below: If disapproved, you are released from your commitment to retire. | | | | | | | | | |
| | | | | | | | | | |
| Approved with the effective date shown in block A-11. | | | | | | | | | |
| | | | | | l | | | | |
| Disapproved. You are not in a position for which the FAA has authorized Early Outs. | | | | | Con | nments: | | | |
| | | | | | | | | | |
| 2 Discontrated Vou do not most cligibility requirements | | | | | | | | | |
| 3. Disapproved . You do not meet eligibility requirements for Early Out. See comments at right. | | | | | | | | | |
| IOI Early | y Out. Gee Commi | | | | L_ | | | | |
| 4. Dissapr | roved. You do no | t meet service | and/o | 9 | Арр | roved by: | . 0 | Date: | |
| requiren | nents for the type | of retirement | you ap | plied for. | | | | | |
| | | | | | L | | | AHI -1 | 100, 05/25/04 |

Complete Section A of the attached Early Out Application Form. Personnel in the Washington, DC area should return the application directly to Gale Harrell, Rm. 521, Orville Wright Building, (202) 267-3954. Personnel in the regions should return the application to the servicing Human Resource Management Division. The application should be returned in person or by mail. If you know your immediate supervisor may not be available in the few days following submission of this form, provide the name of your next level supervisor.

All applications MUST be received (not postmarked) no later than close of business on October 19, 2004.

Your HRMD specialist will verify that you are eligible for early retirement. The specialist will complete sections B. and C. of the form and return a copy to you.

You must ALSO submit the necessary paperwork to initiate your retirement. This form alone is not sufficient. Your HRMD retirement specialist can give you information on what forms are required, where they can be obtained, and to whom they should be submitted. Your HRMD will not process your retirement unless you also submit the required forms.

Privacy Act Notice Section 6311 of Title 5 of the U. S. Code authorizes collection of this information. The primary use of this information is by management and your Human Resource Management Division to receive and ad on your application for early or optional retirement in the Federal Aviation Administration. Use of the Social Security Number as an employee identifier is authorized by Executive Order 9397. Furnishing the information requested on this form, including your SSN, is voluntary, but failure to furnish some or all of the information may result in either the delay or disapproval of your request for early or optional retirement.